

Rec'd 10/18/01

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 4

2. STATE: District
of Columbia3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.167(a)(3)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ none

b. FFY 2002 \$ none

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, page 9
Supplement to Attachment 3.1A page 28
Attachment 3.1B, page 11
Supplement 1 to Attachment 3.1B, page 279. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1A page 9
Supplement to Attachment 3.1A page 28
Attachment 3.1B, page 11
Supplement 1 to attachment 3.1B, page 27

10. SUBJECT OF AMENDMENT:

This amendment changes the Personal Care Aide Services benefit by removal of in-home
requirement for PCA services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Herbert H. Weldon, Jr.

14. TITLE:

Senior Deputy Director for Health Care Finance

15. DATE SUBMITTED:

August 3, 2001

16. RETURN TO:

Herbert H. Weldon, Jr.
Senior Deputy Director for Health Care Finance
Medical Assistance Administration
825 North Capitol Street, N.E.
Suite 5135
Washington, D.C. 20002

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

Aug. 17, 2001

18. DATE APPROVED:

NOV 13 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Claudette V. Campbell

21. TYPED NAME:

CLAUDETTE V. Campbell

22. TITLE:

ARA, DMSO

23. REMARKS:



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Region III

NOV 13 2001

Suite 216, The Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-3499

Herbert H. Weldon, Jr.
Senior Deputy Director
Department of Health
Medical Assistance Administration
825 North Capitol Street, N.E.
Suite 5135
Washington, D. C. 20002

Dear Mr. Weldon:

Enclosed is a copy of the approved state plan material, Transmittal Number 01-04, Removal of In-home Requirement for Patient Care Services. In accordance with Section 1905(a)(24) of the Act and 42 CFR 440.167, the approved plan amendment allows the District to provide personal care aide services in a patient's home, and at the state's option, in another location.

If you have any questions, please contact Marguerite Clark at (215) 861-4199.

Sincerely,

Claudette V. Campbell
Claudette V. Campbell
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosures

cc: Elliott Weisman (w/encl.)
Ted Gallagher(w/encl.)

State/Territory: District of ColumbiaAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- b. Transportation.
 X Provided: X No limitations With limitations*
 Not provided
- b. Services of Christian Science nurses.
 Provided: No limitations With limitations*
 X Not provided
- c. Care and services provided in Christian Science sanitarium.
 Provided: No limitations With limitations*
 X Not provided
- d. Skilled nursing facility services provided for patients under 21 years of age.
 X Provided: No limitations X With limitations*
 Not provided
- e. Emergency hospital services.
 X Provided: No limitations X With limitations*
 Not provided
- f. Personal care services, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.
 X Provided: No limitations X With limitations*
 Not provided

* Description provided on attachment.

TN # 01-04 Effective Date 07-01-01

Approval Date

NOV 18 2001

Supersedes

TN # 94-19

23 (continued) Any other Medical Care and Any Other Type of Remedial Care Recognized Under State Law, Specified by the Secretaryg. Personal Care Services, Prescribed in Accordance with a Plan of Treatment and Furnished by a Qualified Person Under Supervision of a Registered Nurse are covered with limitations.

1. Personal care aide (PCA) services must not exceed four (4) hours per day, or one thousand and forty (1040) hours in any twelve (12) month period, unless prior authorization is given by the State Agency.
2. When the cost of PCA services, in addition to other home care services, exceeds the cost of institutional care over a six (6) month period, the State Medicaid Agency may limit or deny PCA services on a prospective basis.
3. PCAs may not be a member of the recipient's family. Family is defined as any person related to the recipient by blood, marriage, or adoption.
4. Covered Services
 - a. Section 1905(a)(24) of the Act and Title 42, Code of Federal Regulations, section 440.167(a)(3) authorizes the provision of personal care aide services "in a home, and at the state's option, in another location". Such services must be authorized by a physician in accordance with a plan of treatment, and be provided by an individual who is:
 - (1) Qualified to provide the services;
 - (2) Supervised by a registered nurse; and
 - (3) Not a member of the recipient's family.
 - b. Definitions
 - (1) "Personal Care Aide (PCA)" is an individual who provides services through a Provider Agency to assist the patient in activities of daily living, including bathing, dressing, toileting, ambulation, and eating.

State/Territory: District of ColumbiaAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES
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 Not provided
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23 (continued) Any other Medical Care and Any Other Type of Remedial Care Recognized Under State Law, Specified by the Secretary

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